



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231

Fax: (334) 263-6115

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

In this space, the applicant
must attach a clean, full-face
photo of head and shoulders
taken within the past
six (6) months.
2"X2" SIZE PHOTO

APPLICATION FOR LICENSURE

AS A PHYSICIAN

POSITION: ☐ RINGSIDE PHYSICIAN

☐ NON-RINGSIDE PHYSICIAN

TYPE: ☐ BOXING ☐ KICKBOXING

☐ MMA ☐ TOUGHMAN

(Select only **ONE POSITION & ONE TYPE** above)

*A separate application is required for each additional
POSITION & TYPE.

Commission's Official Use Only:

AAC License # _____

RPHY / PHY

***RINGSIDE PHYSICIAN LICENSING RESTRICTION: ONLY THOSE WHO HAVE PASSED THE CERTIFIED RINGSIDE PHYSICIAN (CRP) EXAM ARE ALLOWED TO APPLY FOR LICENSURE AS A RINGSIDE PHYSICIAN.**

I hereby make application for licensure in the State of Alabama to serve as a **PHYSICIAN** under the jurisdiction of the Alabama Athletic Commission:

1. Full Name _____ Primary Specialty: _____
(Legal Name – Public Record)

2. Address of Record _____ Telephone (_____) _____
(The Above Address IS Public Record) Street City State, Zip (Circle One: Office/Home/Cell Phone)

3. Mailing Address _____ E-mail _____
(The Above Address IS NOT Public Record) Street/P.O. Box City State, Zip

4. Date of Birth ____/____/____ Place of Birth _____ Social Security No. ____/____/____
mm dd yyyy

5. LIST your State of Alabama Board of Medicine license number: _____

6. Are currently certified to perform cardiopulmonary resuscitation? [] Yes [] No
*If YES, ATTACH a COPY of your current certification.

7. Have you taken and passed the Association of Ringside Physicians' (ARP) and American College of Sports Medicine's (ACSM) Certified Ringside Physician (CRP) Exam? [] Yes [] No
*If YES, ATTACH a COPY of your certificate.

8. Have you ever been disciplined in relation to your medical license, e.g. revoked, suspended, fined, etc.? [] Yes [] No
*If YES, ATTACH a COPY of the charges and the final order.

9. Are you a United States citizen [] Yes [] No
If NO, do you have documentation that you are here legally? [] Yes [] No
**Please ATTACH documentation that proves your assertion.

10. Have you ever been convicted of any State or Federal felony? [] Yes [] No
*If YES, ATTACH a detailed statement, including a summary of the charges, the final order, any probation or parole documentation and any other relevant information.

AFFIDAVIT

I hereby certify that I am the person named above. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the State of Alabama Athletic Commission rules and regulations.

State of _____, County of _____, ss.

Subscribed and sworn before me this ____ day of _____, 20____.

(Notary Public Seal)

Signature of Applicant

Notary Public Signature (Or Commission-Appointed Representative)

Notary Public's Commission Expires: _____

APPROVED BY ALABAMA ATHLETIC COMMISSION DATE